Name In Full

Certificate of Death

Town

County

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

~~Male~~	White	Married	Widow	~~Divorced~~
Female	~~Colored~~	Single	Widower	Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death	Primary		How long sick
	Immediate		Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79558

Name In Full — Arndt

Certificate of Death

Died at Town: Arlington County: Balto. MARYLAND

Date 1899: Month 9, Day 5 Age: Y. M. D. infant Native of Occupation

~~Male~~ / Female White / Colored ~~Married~~ / Single ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living

Husband of / Wife

Father's Name: C. Herman Arndt Mother's Name: Maggie B.

Cause of Death — Primary: 161 How long sick

Immediate

Accident, Suicide, Homicide

Reported by: Md. Journal 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988

No. A 4614 Office of

The Physician who attended any person in a last illness... *ted out* to the undertaker or other person superintending t... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained

CERTIFICATE OF DEATH.

Date of Death, 2-5-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Wm. Barnett Bacon

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Chronic Pleuritis

Second (Immediate) Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western shore Md

Date of Burial, Feb 6th 1899

Lee Cohen M. D.,
Medical Attendant.

Undertaker, J. J. Cowan

Place of Business, 901 Hollins St *Address* Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it sha... duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his n... furnish within twenty-four hours after the death, to the Undertaker, or other persons superintendin... urial, a cer... setting forth, as far as the same can be ascertained, the full name, sex, age, condition (w...ther marr...ngle) of th... ...and the cau... and date of death

JOHN S. POLLOCK, SHARP AND METT STS., BALTO.

...osis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

...h. Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

...—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Died on Feb. 19th 1899 Baubletz

Certificate of Death

Town ( ) County Baltimore

Died at Grove Run Mills MARYLAND

Date 1899 Month Ethel M. Baublitz Day Age Y. 1 M. 6 mos D. Native of Maryland Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single Widow ~~Widower~~ Divorced Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Daniel Baublitz Mother's Name Nettie Baublitz

Cause of Death: Primary Pneumonia 72 How long sick two weeks

Immediate Asphyxiation

~~Accident, Suicide, Homicide~~

Reported by J. B. Watkins M.D. 6-19

Address Westminster Carroll Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Samuel R. Bell

Died at Granty (Town) Balto (County) MARYLAND

Date 1899 Month Feb. Day 19 | Age Y. 20 M. 0 D. 9 | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married Single ~~Widowed~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ Wife of

Father's Name Albert Bell

Mother's Name Dora Bell

Cause of Death: Primary Tuberculosis 22a — How long sick 9 months

Immediate Pulmonary Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by H. F. Shipley M.D.

Address Granty Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 0598R

Name in Full Margaret Burnett

Certificate of Death

Town

County

Died at Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	2 — 2	Age	4			

Male — White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Pneumonia 72 — How long sick: 2 days

Cause of Death — Immediate — Accident, Suicide, Homicide

Reported by E. D. Williams

Address [redacted] High Chapel Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

01/20/12-1/17

Name in Full

Certificate of Death

Ann Catharine Beuty

Died at Town Catonsville County Baltimore MARYLAND

Date 189 Month Feb Day 24 | Age Y. 74 M. D. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Saml. Beuty

Mother's Name

Cause of Death: Primary Nephritis 46 | How long sick 5 days

Immediate Dropsy, Uraemia, Convulsions | Accident, Suicide, Homicide

Reported by ~~Catonsville~~ Chas. F. Macgill MD

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Jacob Bradenbaugh

Certificate of Death

Town near Black Stone County Baltimore MARYLAND

Died Month 9 Day 22

Date 189

Age Y. 83 M. 3 D.

Native of

Occupation

Male / ~~Female~~

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Denver Church of the Incarnation

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79895

Dr. Thos. Sanderson,

McKendrick, L.A. Co.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A 4723 **Office of Registrar of Vital Statistics.** Ward ....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13 - 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Calvin Brice

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 23 *Years,* ..... *Months,* ..... D

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Partial Syphilis -

Second (Immediate) Amyloid Liver Kidneys + Spl

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, Feb 17 - 1899

Undertaker, E. M. Stevenson.

Place of Business, Health Office

L E Cohen M.

Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a

ISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Finley Britton

Certificate of Death

Died at Town Fullerton County Baltimore MARYLAND

Date 189 9 Month 2 Day 18 | Age Y. M. D. | Native of | Occupation

Male ~~White~~ | Married | Widow | Divorced

~~Female~~ Colored | Single | Widower | Number of children living

Husband of

Wife

Father's Name

Mother's Name 147 k

Cause of Death — Primary Empyema

Immediate

How long sick dead

Accident, Suicide, Homicide

Reported by Dem. 2-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name In Full

Brown

Certificate of Death

Died at Town: Reisterstown County: Balto MARYLAND

Date 189 9 | Month: Feb Day: 17 | Age Y. M. D.: Still Born | Native of | Occupation

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Singla | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name /

Mother's Name Janie Brown-Col

Cause of Death: Primary — How long sick

Immediate: Still Born — Accidant, Suicida, Homicide

Reported by Edwin D. Selby Undertaker

Address Reisterstown Balto, Co. Md.

Must be signed by physician, if any in attendanca, otherwise by coroner, undertakar or ministar.

LIBRARY BUREAU, 70898

Attended by Dr. _____

of _____

Information contained in this certific[illegible]

ceived from _____

of _____

Name In Full

Certificate of Death

Caroline I Brown

Died at Town: Bradshaw County: Baltimore MARYLAND

Date 1899 Month Day: Feb 19 | Age Y. M. D.: 42 | Native of: Maryland | Occupation:

~~Male~~ Female | ~~White~~ Colored | Married | Widow Widower | Divorced | Number of children living

~~Husband~~ of Wife: Charles I Brown

Father's Name: Charles Dorsey | Mother's Name: Fanny Dorsey

Cause of Death — Primary: 97 | How long sick:

Immediate: Bright's Disease | ~~Accident, Suicide, Homicide~~

Reported by: Fred'k Schutz Undertaker

Address: Upper Falls Baltimore Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70699

Attended by Dr. M. A. S. Keyser

of Frankenville Pa.

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

Julia A. Brown

Died at Highlandtown, Town — Baltimore, County — MARYLAND

Date 1899 — Month: 2 — Day: 1 — Age: Y. 51 M. D. — Native of Pa — Occupation: Housewife

[redacted] — White — Married — Widow — [redacted]

Female — [redacted] — [redacted] — Widower — Number of children living 4

~~Husband~~ of ~~Wife~~ Wife

Father's Name: — Mother's Name:

Cause of Death — Primary: Heart Disease 57 — How long sick: 1 hour.

Death — Immediate: [redacted]

Reported by: A. L. Warner M.D.

Address: 1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Jamie Brown

Died at Town: Reisterstown County: Baltimore — MARYLAND

Date 189 9 — Month: Feb Day: 21 — Age Y. 32 M. D. — Native of: Maryland — Occupation:

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living

Husband / Wife of —

Father's Name: Alick Brown — Mother's Name: Cecelia Gardner

Cause of Death — Primary: Labor 119 — How long sick: 6 days

Immediate: Puerperal Septicemia — Accident, Suicide, Homicide

Reported by: James Gorsuch M.D.

Address: Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Catherine Bryant

Certificate of Death

Died at Town: Luthenville County: Baltimore MARYLAND

Date 1899 Month: Febry Day: 2nd | Age Y. 1 M. 6 D. | Native of Maryland | Occupation none

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Hay-ford Bryant

Mother's Name Lizzie Bryant

Cause of Death: Primary Grip 9 How long sick Eight days

Immediate Convulsions ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J.C. Peebles M.D.

Address Luthenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Catherine Bryant

Died at Town: Lutherville County: Baltimore MARYLAND

Date 189 9 Month: Feby Day: 2nd | Age Y. 1 M. 5 D. 1 | Native of: Maryland | Occupation: none

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children ~~living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Stanford Bryant Mother's Name: Lizzie Bryant

Cause of Death: Primary: Grip 9 How long sick: 2 days

Immediate: Convulsions Accident, Suicide, Homicide

Reported by: J. C. Peebles M D

Address: Lutherville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full James Calhoun

Certificate of Death

Died at Town Ruhl's P.O. County Baltimore MARYLAND

Date 189 9 Month 2 Day 11 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

125

Cause of Death — Primary: Erysipelas — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Union Gowdon

Address 2-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Margaret Nicholas Carter

Town: Catonsville

County: Baltimore

Died at Catonsville Baltimore MARYLAND

Date 189[illegible] Month: Feb Day: 3 | Age Y.: 42 M.: — D.: — | Native of: Maryland | Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / ~~Widower~~ — Divorced / ~~Number of children~~ living

Husband / Wife of

Father's Name: Robert Hill Carter

Mother's Name: Margaret Smith Carter

Cause of Death — Primary: Pneumonia 72 — How long sick: 7 days

Immediate: Progressive blood failure

Accident, Suicide, Homicide

Reported by: Chas. E. Thompson MD

Address: Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55858

Name in Full

Certificate of Death

Mary Ruth Chilcoat

Died at Town: Belfast County: Baltimore MARYLAND

Date 1899 Month: February Day: Sunday 12th Age: Y. 78. M. 8. D. 4.

Native of: Maryland Occupation: House-Wife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 5

~~Husband~~ Wife of John Chilcoat

Father's Name: Wm Banks

Mother's Name: Dorcas Brooks

Cause of Death: Primary: Chronic Bronchitis — 10 — How long sick 3 yrs

Immediate: Cardiac Syncope

~~Accident, Suicide, Homicide~~

Reported by F. G. Mitchell

Address Vernia Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70706

Name In Full

Certificate of Death

Bridget Corcoran

Town

County

Died at [illegible] Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2	10	73			Ireland	

Date 189 [illegible]

Age

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Name 46

Cause of Death — Primary: Melancholia (Not Stated)

Immediate: Pneumonia (Hypostatic)

How long sick

Accident, Suicide, Homicide

Reported by [illegible] Emmett Road

Address [redacted] Penn. Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]9

Name in Full

Certificate of Death

Ada May Cotterill

Died at Town: Ella County: Balto

MARYLAND

Date 189 9 Month: Feby Day: 11 | Age Y. 20 M. — D. | Native of W Va | Occupation Mill hand

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

~~Father's~~ Name

Mother's ~~Name~~ 22 f

Cause of Death: Primary: General tuberculosis — How long sick: 18 Months

Immediate: Inanition — Accident, Suicide, Homicide

Reported by B. J. Bupno

Address Ellicott City. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Town

County

Died at Woodbrook Park Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	2 - 10 -	Age 64			Balto. City	

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name 32

			How long sick
Cause of Death	Primary	Pernicious Anemia	
	Immediate	Heart failure	Accident, Suicide, Homicide

Reported by L. Louis Naylor M.D.

Address Pikesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70-108

Name in Full

Certificate of Death

John Craig

Died at Town: Wallis P O County: Wells MARYLAND

Date 1899 Month: July Day: 12 | Age Y. 40 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband / Wife of ———

Father's Name: Wm Craig

Mother's Name: Sarah Craig

Cause of Death — Primary: Bright's Disease 97 — How long sick

Cause of Death — Immediate — ~~Accident, Suicide,~~ Homicide

Reported by Thos Hanson M d

Address Middletown [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Name in Full

Annie R. Crouch

Certificate of Death

Died at Town: Bailey County: Balti MARYLAND

Date 189 9 Month: 2 Day: 26 | Age Y. 37 M. 11 D. | Native of Balti | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living one

~~Husband~~ ~~wife~~ of Henry B. Crouch

Father's Name Benjamin E. Trundle | Mother's Name Eliz. E. Trundle

Cause of Death: Primary Heart Disease 5-7 | How long sick 10 mo

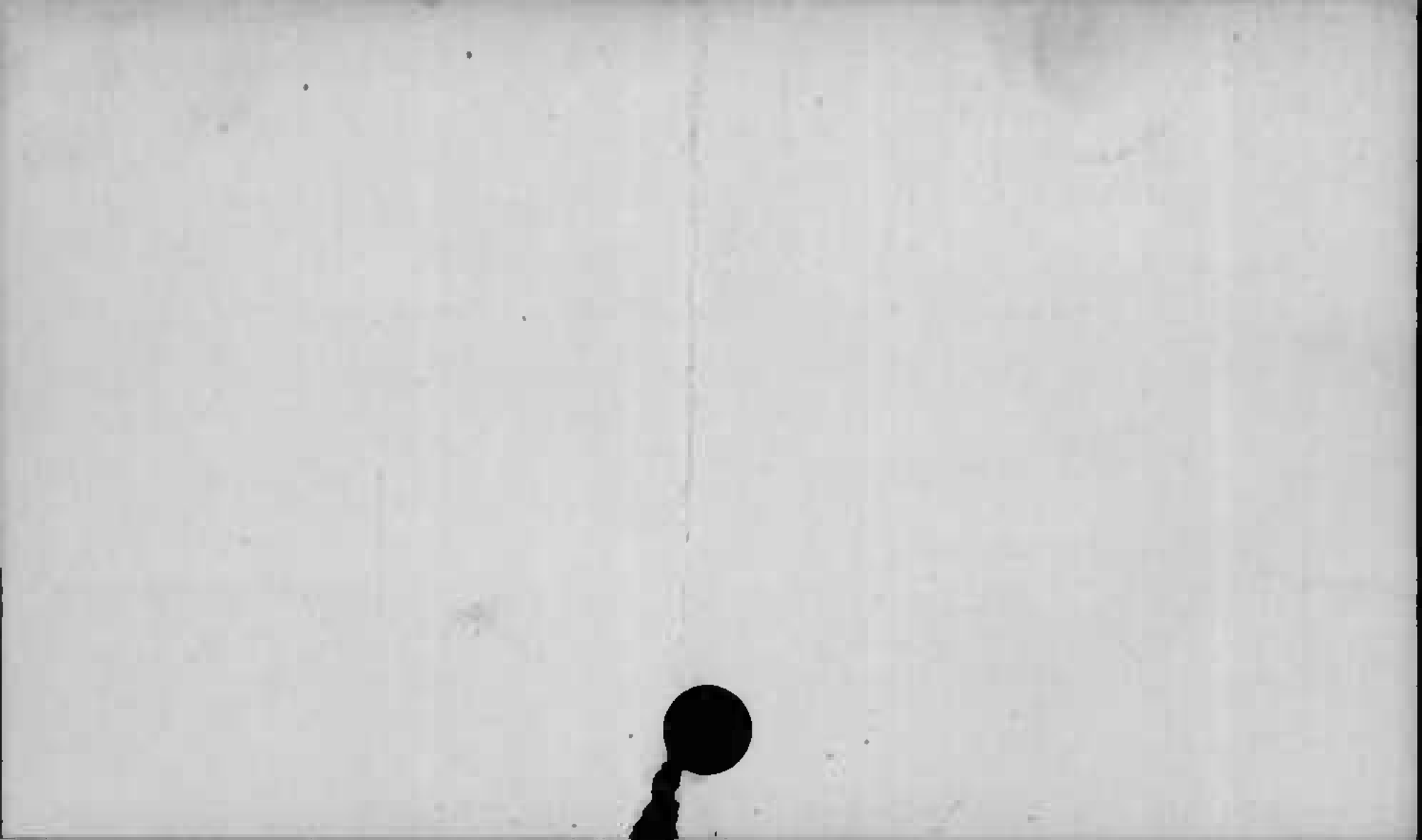
Immediate Bright's disease | ~~Accident, Suicide, Homicide~~

Reported by Dr. J. E. Benson

Address Beckleysville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



tion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore,

Permit No. A 4703 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Joseph Phillip Crone

Sex, Male or Female, {Cross out the words not required in this line.} .....

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Violetta ville

Cause of Death, First (Primary), Bronchitis (Capillary)

Second (Immediate), Heart failure

About 4 days

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 16 1899

Undertaker, Jno Jos. Boyle Levi H Gunary *M.D.,*

Medical Attendant.

Place of Business, 1023 N. Balto St *Address,* Augusta & Fred Aves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...merated Below.

...—Mode of Death.

... SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of De...

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Mary Ann Smith — Certificate of Death

Town Easton — County Talbot

Died at Easton — Baltimore MARYLAND

Date 189 9 2 — 12 — Month Day — Age Y. 7 M. 6 D. — Native of — Occupation

~~Male~~ Female — White — ~~Colored~~ — Married — Single — ~~Widow~~ Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of Wife

Father's Name — Mother's Name

Cause of Death — Primary: Gastritis 81 — How long sick 2 months

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by David G. Jones M.D.

Address [redacted] E. Oldenlet St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Name in Full

Certificate of Death

Mrs Elizabeth A Dauthat

Died at Town: Catonsville County: Baltimore MARYLAND

Date 1899 Month: 2 Day: 5 | Age Y.: 45 M.: D.: | Native of: Va | Occupation: None

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name

Mother's Name Unknown

Cause of Death — Primary: Chronic Nephritis 97 — How long sick: Nephritis 2 yrs. Pneumonia 48 hours

Immediate: Pneumonia (failure of circulation) — Accident, Suicide, Homicide

Reported by Dr R F Gundry

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

al Attention.

Health Department, City of Baltimo.

it No. A 4719 Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat. d out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai. eased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1899.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} James B. Donnelly.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} .....

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Priest of the N. Y. Diocese.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} New York City.

Duration of Residence in the City of Baltimore, 10 yrs at Mt. Hope.

Place of Death, {Give Street and Number.} Mount Hope Retreat.

Cause of Death, First (Primary), Mania Chronic.

Second (Immediate), Ex. Pul. Tuberculosis

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, New York City

Date of Burial, Feb. 20, 1899

Undertaker, Evans & Spence *Medical Attendant.* Frank J. Flannery M.D.,

Place of Business, #1000 E. Baltimore St. *Address,* Mt. Hope Retreat.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...— Mode of Death.

Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

...ty and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

4670 Patrick Dyer.

Certificate of Death

Died at Town: Glyndon County: Balto. Md. MARYLAND

Date 1899 Month: Feb. Day: 3rd Age: Y. 63 M. D. years Native of: Ireland Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband of Wife: Maria Dyer

Father's Name: X Mother's Name: X

Cause of Death — Primary: Nephritis 97 — How long sick: About one year

Immediate: " — ~~Accident, Suicide, Homicide~~

Reported by J. W. White. M. D.

Address Glyndon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7998B

Attended by Dr._____

Information contained in this certificate received from_____

of_____

Name in Full

Ethel May Easton,

Certificate of Death

Died at Town: Alberton County: Baltimore MARYLAND

Date 1899 Month: Feby Day: 22 | Age Y.: 10 M.: 4 D.: | Native of: Maryland | Occupation: Cotton Mill operative.

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of Wife

22 Z

Father's Name: Johnson Aquilla Easton

Mother's Name: Sarah Lavinia Smith

Cause of Death — Primary: Tubercular Miningitis (?)

Immediate: Broncho pneumonia, Colitis

How long sick: 4 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton, Howard Co, Md.

Post mortem examination asked for and refused

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full William P. Bennett

Certificate of Death

Died at Town — County Baltimore MARYLAND

Date 189 Month Day 8 | Age Y. 49 M. D. | Native of | Occupation Machinist

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name | Mother's Name 46

Cause of Death — Primary Pulmonary Mania — How long sick 6 hrs

Immediate Ex from Exposure — Accident, Suicide, Homicide

Reported by H. A. Hamner, M.D.

Address [redacted] Penitentiary

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
	2	19	Age 62				Machinist

Male / Female

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name 90

Cause of Death — Primary

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7998R

Name in Full

Theodore Gerhardt.

Certificate of Death

Died at Highlandtown (Town) Baltimore (County) MARYLAND

Date 1899 Month 2 Day 10 | Age Y. 65 M. D. | Native of Germany | Occupation Shoemaker

Male | White | Married | Widower | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Heart Disease 57 | How long sick a few hours
Immediate

Reported by D. A. Warner M.D.

Address 112 N Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Emma Alma Glatzell

Died at Town: Gardenville County: Balto Co — MARYLAND

Date 1897 Month: 2 Day: 21st — Age Y.: 3 M.: D.: weeks — Native of: America — Occupation:

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband of / Wife

Father's Name: Louis Glatzell — Mother's Name: Louisa Glatzell

Cause of Death — Primary: 49 — How long sick: 1 day

Immediate: Convulsions — Accident, Suicide, Homicide:

Reported by: Edw D Lowe md

Address: Gardenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name in Full

Certificate of Death

Elizabeth S. Gorsuch

Died at Mt Carmel (Town) Baltimore (County) MARYLAND

Date 189 9 Month Feb Day 30

Age Y. 81 M. 10 D. 20

Native of Mt Carmel

Occupation House wife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 5

~~Husband~~ ~~Wife~~ of wife Benjamin Gorsuch

Father's Name Jacob Shamberger

Mother's Name Elizabeth Shamberger

Cause of Death: Primary Failure, incident 1/41

Immediate to old age

How long sick about 1 week.

~~Accident, Suicide, Homicide~~

Reported by B F Price MD

Address Mt Carmel Baltimore Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Samuel Griffin

Died at Town Hillsville County Bolin MARYLAND

Date 189 9 Month 2 Day 23 | Age Y. 5 M. 3 D. - | Native of Vird | Occupation —

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living one

Husband Wife of Lizzie Griffin

Father's Name — Mother's Name —

Cause of Death { Primary 15-6 | Immediate Heart failure | How long sick 24 hours | ~~Accident, Suicide, Homicide~~

Reported by J B Hall M.D.

Address Hillsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 25060

Dr Fullerton

HEALTH DEPARTMENT, C... ...ALTIMORE.

No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2-11-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary Sawyer

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, White.

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Senility.

Second (Immediate) Hypostatic Pneumonia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 14

Lee Cohen M. D.
Medical Attendant.

Undertaker, Henry Houck

Place of Business, 1013 Centre *Address* B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a cer... ...from the same can be ascertained, the full name, sex, age, condition (whether married or single) of...

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CER—Variety and Seat.

CLUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Attention of

HEALTH D...

No. A 4676 **Office of Registrar ... Statistics.** Ward ....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2/5-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robert Hayes

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} Boy's Own Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 8th

Undertaker, Wm J. Fickner & Sons

Place of Business, 421 W. Camden St Address

Lee Cohen M. D.
Medical Attendant.

B. U. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

JOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER

CRI... ...y and Cause.

ER. SPINAL MENINGITIS—V... ...netic. Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...CROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

...nt No. A 4714 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2-17-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Edward Harndon

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boot-black

Birthplace, {State or County, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis Florida

Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hosp for anatomical purposes

Date of Burial, Feb 16 1899

Undertaker, E. M. Stevenson

Place of Business, Health office

L E Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, ... furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certific... ...can be ascertained, the full ... sex, age, condition (whether married or single) ... e pers...

CUSHING & BRATT STS., BALTO.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

l Attention of Physicians is Respectfully Invited to

HEALTH DEPARTMENT, CITY OF BALTIMOR

0. A 4713 **Office of Registrar of Vital Statistics.**

Physician who attended any person in a last illness is responsible for the presentation of this Cer to the undertaker or other person superintending the burial, within *twenty-four hours* after or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Death, Feb. 12th 99

me of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary Hyatt

ale or Female, {Cross out the words not required in this line.}

83 *Years,* *Months,* *Days*

White

d, Single, Widow or Widower, {Cross out the words not required in this line.}

tion, Domestic

lace, {State or County, and how long in the United States, if of foreign birth.} Maryland

on of Residence in the City of Baltimore, ~~Boy~~ 40 years

of Death, {Give Street and Number.} Boy View Asylum

of Death, {First (Primary) Chronic Nephritis / Second (Immediate) Broncho-Pneumonia

on of Last Sickness,

The above information should be furnished by the Physician.

of Burial, John Hopkins Hos for Anatomical purposes

of Burial, Feb 16 1899

dertaker, E. H. Stevenson

ce of Business, Health office

Lee Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

et from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

CTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certi forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single)

EDHN & POLLICK, SHARP AND PRATT STS., BALTO.

...d below:

...-Mode of Death.

...AL MENINGITIS—Variety, whether ...ic or simply Inflammatory.

...—Circumstances producing Death.

...ariety and Seat.

...LUS—Mode of Death.

...NTITION—Mode of Death.

...ISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and M... of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode Death.

WOUNDS—Cause, Variety, Seat and Mode Death.

ABSCESS—Cause, Location and Mode of Dea...

Specify every Surgical Operation with f... result.

Mention INTEMPERANCE whenever recogni... as having produced or complicated ... direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar

REMARKS:

...on back of this

...MENT, CITY OF BALTIMORE.

A 4711 **Office of Registrar of Vital Statistics.** Ward ...

...he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc... out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death ...ceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 99

Full name of Deceased. {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Johnson

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 75 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland - 35 years

Duration of Residence in the City of Baltimore, 35 years -

Place of Death, {Give Street and Number.} Bon View Asylum

Cause of Death, First (Primary) Chronic Nephritis -

Second (Immediate) Insanition

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Joachims

Date of Burial, Feb 17/99

Undertaker, James Beall

Place of Business, 828 McKim St

Earl Cohen *M. D.,*
Medical Attendant.

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certifi... ...forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the

TRISM—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—

NECROSIS—Seat. Cause and Mode of Dea

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Elizabeth H. Jones

Died at Town Faverm County Bucks- MARYLAND

Date 1899 Month 2 Day 5 | Age Y. 76 M. — D. | Native of Virginia | Occupation housewife

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Rev J. N. Jones

Father's Name Major Richard Shipley

Mother's Name Elizabeth Shipley

Cause of Death: Primary Progressive Paralysis — How long sick Invalid 3 years

Immediate Exhaustion of Physical Forces — Accident, Suicide, Homicide

Reported by Dr R. L. Mannebury

Address Faverm Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Mary Jones

Certificate of Death

Died at Town: Lewes P.O. County: Sussex MARYLAND

Date 189 Month: July Day: 19 | Age Y. 77 M. — D. | Native of Md | Occupation Housework

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living X

~~Husband~~ Wife of Geo. H. Jones

Father's Name — Mother's Name —

Cause of Death: Primary Carcinoma 141 — How long sick 7

Immediate Rupt. Duodenal Ulcer — ~~Accident, Suicide, Homicide~~

Reported by Howard Hammond M.D.

Address Middletown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name In Full

Certificate of Death

Henry Kellner

Died at Canton (Town) Balto. (County) MARYLAND

Date 1899	Month: 2	Day: 8	Y. M. D.: Age 74	Native of	Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Cause of Death — Immediate — Accident, Suicide, Homicide

Reported by Md. Journal 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full — Certificate of Death

James Loftus

Died at Town: Lutherville County: Balto. MARYLAND

Date 189? Month: 2 Day: 27 Age Y.: 67 M.: 1 D.: 22 Native of: Ireland Occupation: Florist

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living: 5

Husband of Wife

Father's Name: John Loftus

Mother's Name: —

Cause of Death — Primary: Heart-disease 57 — How long sick: a few hours

Immediate: Paralysis — Accident, Suicide, Homicide

Reported by: Dr. H. D. Burns & Sons

Address: Towson Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

D. F. Peables

Lutherville

...o the Remarks...

...TH DEPARTMENT, CITY OF BAL...

No. A 4710

Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Cer... ...filled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the ... ...said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Margaret Prentiss Lowe

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Trained Nurse

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 5 months -

Place of Death, {Give Street and Number.} Bon Sam Hospital -

Cause of Death, First (Primary) Acute Articular Rheumatism

Second (Immediate) Acute Endocarditis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa.

Date of Burial, ~~Easton~~ Feby 16th 99

Undertaker, H. A. Dager & Son

Place of Business, 209 S. Broadway

Lee Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ... hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as near as can be ascertained, the full name, sex, age, condition (whether married or single) of ...

Enumerated Beh

Death.

INGITIS—Variety, whether
emic or simply Inflammatory.

CHI BIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full — Certificate of Death

Clark A. Mattfeldt

Died at Town: Catburn — County: Baltimore — MARYLAND

Date 189 4. Month 2 Day 13 — Age Y. 11 M. 2 D. 1 — Native of — Occupation School

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name C. H. Mattfeldt — Mother's Name 54

Cause of Death — Primary: Intestinal Indigestion — How long sick: 2 weeks

Immediate: Brain Cerebellitis-acute — Accident, Suicide, Homicide

Reported by Chas. H. Wright, M.D.

Address 11 St. Paul St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

No. A

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of th.

Health Department, City of Baltimore,

No. A 4687 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat out* to the undertaker or other person superinteuding the burial, within *twenty-four hours* after the death of sai ased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 9, 1890

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} William Coe, Emma,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Twenty five (25) *Years,* — *Months,* — *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Boiler-maker

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, Twenty five (25) years.

Place of Death, {Give Street and Number.} St. Agnus' Hospital.

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Cardiac Asthenia,

Duration of Last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feb 13.

Undertaker, John Blakamp

Place of Business, 1734 E. Lombard

D. F. O'Connor, *M.D.,*
Medical Attendant.

Address, St. Agnus' Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Enumerated Below.

RISM—Mode of Death.

A. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

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DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Deat

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

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Specify every Surgical Operation with fatal result.

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JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Samuel A. Perkins

Town

County

Died at Mt. Hope Retreat Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2 -	22					

Date 189 0 Age

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name 46

Cause of Death — Primary: Pneumonia Chronic — How long sick

Cause of Death — Immediate: Pneumonia Contributory — Accident, Suicide, Homicide

Reported by Frank D. Thompson M.D.

Address Mt. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70805

Name in Full No. 4742 — Certificate of Death

Barbara Merlle

Died at Washington Road (Town) Balto (County) MARYLAND

Date 1899 — Month 2 Day 24 — Age Y. 70 M. 10 D. — Native of Germany — Occupation —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ / Divorced — Number of children living one

Husband / Wife of John Merlle

Father's Name X — Mother's Name X

Cause of Death — Primary: Pneumonia 72 — How long sick: 8 days

Immediate: Exhaustion

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by H. Beall M.D.

Address 1011 Virginia

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Jacob O'Neil Michael

Certificate of Death

Died ~~x~~ in Town 6th District County Baltimore MARYLAND

Date 1899 Month Feby Day 28 | Age Y. 5-4 M. 1 D. 27 | Native of Maryland | Occupation Farmer

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Hester R. Michael

Father's Name Jacob Michael | Mother's Name Elizabeth O'Neil

Cause of Death: Primary Softening of Brain Insane — How long sick 4 yrs.

Immediate Acute Bronchitis 4 3 ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Joseph O. Baeding M.D.

Address E. Balto. Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Dr. Frank Mitchell

Certificate of Death

Died at Town Towson County Balto. MARYLAND

Date 189 9 Month 2 Day 10 | Age Y. 46 M. D. | Native of | Occupation Lawyer

Male ~~Female~~ | White Colored · | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife Benson.

Father's Name Joshua B. Mitchell, Jr. Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Maryland Journal 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name In Full Mary Monahan

Certificate of Death

Died at Town Edmondson Ave. County Baltimore MARYLAND

Date 189 Month 2 Day — | Age Y. 90 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Old age

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Jos. F. Mullaney, M.D.

Address 1124 Fred. Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

141

LIBRARY BUREAU, 79905

Name In Full Jacob Droop — Certificate of Death

Died at Town Canton — County Baltimore — MARYLAND

Date 189 9 — Month 2 — Day — Age Y. 71 M. D. — Native of Germany — Occupation

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — Widow — Widower — Divorced — Number of children living 3

Husband of
Wife

Father's Name — Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal

Address [redacted] 2-18

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78799

Name In Full Mrs. Minnie Myers

Certificate of Death

Died at Town Highlandtown County Baltimore MARYLAND

Date 189 9 Month 2 Day 14 Age Y 28 M. D. Native of Germany Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living (3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Consumption 2 2a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md - Journal 2-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70996

Rev. Wayne Jones
Abbott Memorial Pres. Ch.
Miss Hartman's Highlandtown

Name In Full

Certificate of Death

Stephen D. L. Neale

Died at Town: Mt. Hope Retreat County: Baltimore MARYLAND

Date 189 9 Month: 2 Day: 17

Age Y. M. D.: 62

Native of: St. Mary's Co. Occupation: Physician

Male / Female ~~Female~~

White / ~~Colored~~

~~Married~~ / Single

Widow / Widower

~~Divorced~~

~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 77

Cause of Death — Primary: Syncope due to Arteriosclerosis — How long sick

Immediate Cremation — Accident, Suicide, Homicide

Reported by Frank L. Adamson M.D.

Address Mt. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79698

Name In Full

Certificate of Death

Elizabeth N. Neff

Died at Town Owings Mills County Carroll Co MARYLAND

Date 189 1 Month Feb Day 10 | Age Y. 66 M. D. | Native of Md | Occupation Housework

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living Three

~~Husband~~ Wife of Henry Neff

Father's Name Clifton W. Snuttz | Mother's Name Charlotte Grason

Cause of Death: Primary Bronchial Cancer — How long sick 4 months

Immediate Acute Pneumonia — 15 Days

Accident, Suicide, Homicide

Reported by Dr. Geo. Fitch

Address Owings Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr._____

of_____

Information contained in this certificate was re-

ceived from_____

of_____

Name in Full Lethia M. Nolan

Certificate of Death

Died at Town Almo House County Balto. Co MARYLAND

Date 189 9 Month 2 Day 6 | Age Y. 45 M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Apoplexy Immediate

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Silver Morris Col

Certificate of Death

Died at Town Soldiers Delight County Balto. Co. MARYLAND

Date 1899 Month Feb. Day 16 | Age Y. 1 M. 1 D. mo. | Native of Md. | Occupation —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name Thomas H. Morris. Mother's Name Amelia Morris.

Cause of Death — Primary: Pneumonia 72 — How long sick 2 days

Immediate: Convulsions — Accident, Suicide, Homicide

Reported by J. A. D. Ellis M.D.

Address Harmonville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

John Patrick O'Connor

Died at Town: Texas — County: Baltimore — MARYLAND

Date 189 — Month: 2 — Day: 1 — Age: Y. 59 M. D. — Native of — Occupation

Male / ~~Female~~ — White / Colored — Married / Single / Widow / Widower / Divorced — Number of children living

Husband of / Wife

Father's Name — Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full John F. Otto

Certificate of Death

Died at Town Lauraville County Baltimore MARYLAND

Date 189 9 Month 2 – 11 Day | Age Y. 54 M. D. | Native of Germany | Occupation Druggist

~~Male~~ ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 5

Husband of

Wife

Father's Name

Mother's Name 44

Cause of Death — Primary: Paralytic stroke — How long sick

Cause of Death — Immediate: — Accident, Suicide, Homicide

Reported by Md. Journal 2-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Margart Ann Parish

Certificate of Death

Died at Town Dickeysville County Balto MARYLAND

Date 1899 Month Feb Day 14th Y. M. D. Age 79 Native of America Occupation None.

~~Male~~ Female White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 10

~~Husband~~ Wife of Parish.

Father's Name ——— Mother's Name ———

Cause of Death: Primary Grippe 9

Immediate Heart Failure

How long sick 15-Minutes.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr George F Emhart.

Address Dickeysville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868

Name in Full

Certificate of Death

John W. Perkins

Died at Town Catonsville County Baltimore MARYLAND

Date 189 9 Month 2 Day 5 | Age Y. 69 M. - D. - | Native of Va. | Occupation Porter

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 44

Cause of Death: Primary Paralysis of heart

Immediate Collapse

How long sick

Accident, Suicide, Homicide

Reported by J. Chas. Macgill

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Robert Phillips Certificate of Death

Died at Town Aiken County Baltimore MARYLAND

Date 189 Month Aug Day 6 | Age Y. 76 M. D. | Native of | Occupation

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children~~ living

Husband of

Wife

Father's Name Thomas Phillips Mother's Name

Cause of Death: Primary Arteriosclerosis Senile — How long sick 2 weeks

Immediate gen 42 Pneumonia — Accident, Suicide, Homicide

Reported by C. C. Pinesburg Jr.

Address Aiken, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74998

Name In Full William R. Peck

Certificate of Death

Died at Town Patapsco Beach County Baltimore MARYLAND

Date 189 Month 2 Day 14

Age Y. 54 M. D.

Native of

Occupation Merchant

Male White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name 46

Cause of Death — Primary Epilepsy (Acute)

How long sick 2 years

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by S. Edwin Peck

Address Dundalk Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]8

...ow, and to List ... of this

Health Department, City of Baltimore,

No. A 4707 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ...d out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ...ceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15, 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Martin Pohl,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Forty Eight (48) Years, — Months, — Days.

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Weaver,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, thirteen (13) years,

Place of Death, {Give Street and Number.} St Agnes' Hospital,

Cause of Death, First (Primary), Cerebro Spinal Meningitis (Tubercular)

Second (Immediate), Cardiac Asthenia,

Duration of Last Sickness, two (2) weeks.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Feb 18 "99

Undertaker, Rudus J McCormick

Place of Business, 210 Fred'k Ave

D. F. O'Connor, M.D., Medical Attendant.

Address, St Agnes' Hospital,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

JRISM—Mode of Death.

R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Dea.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Emory M Raab

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1892. Month Feb. Day 23 | Age Y. 3, M. 2. D. 20 | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number ~~of children living~~

Husband of Wife

Father's Name Fred C. Raab. Mother's Name Minnie Raab

Cause of Death: Primary Tracheae 13 d — How long sick 7 weeks

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Charles L Mayfield M D

Address [redacted] Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2-5 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Christopher Rauscher

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany - U.S. 15 yrs.

Duration of Residence in the City of Baltimore, ~~Baltimore~~ 7 months

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Mitral Stenosis

Second (Immediate) Cardiac Dilitation

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, John Hopkins Hos for Autopsy purposes

Date of Burial, Feb 8th 1899

Undertaker, E. M. Stevenson

Place of Business, Health Office

Lee Cohen M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...rated Below.

...RISM—Mode of Death.

...R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Catharine Reiter

Certificate of Death

Town Mt. Washington County Baltimore

Died at MARYLAND

Date 189 Month 2 Day 27 | Age Y. 73 M. D. | Native of | Occupation Housework

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | Widower | Divorced | Number of children living

Husband of
Wife

Father's Name | Mother's Nama 46

Cause of Death: Primary Senile Gangrene — How long sick 1 day

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Chas. G. Child, M. D.

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full

Certificate of Death

Viola Susan Reister

Died at Town Phoenix County Balto MARYLAND

Date 189 9 Month Feb Day 21 | Age Y 2 M D | Native Maine | Occupation Infant

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — Marasmus 140 — How long sick From Birth

Immediate — Accident, Suicide, Homicide

Reported by G. G. Mitchell.

Address Vernon Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

...ntion of Physician... ...and to List of Diseases...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 8 - 99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Francis Rinehart

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 83 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give Street and Number.} B. V. Asylum

Cause of Death, First (Primary) Fatal Pneumonia

Second (Immediate) Cardiac Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hosp for Anatomical purposes

Date of Burial, Feb. 10-1899

Lee Cohen M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson.

Place of Business, Health office

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained by the full... dition (whether married or single) of the person

...ses ...

...below.

...rism—Mode of Death.

... Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstances producing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Location and Cause.

Malformation—Variety.

Metritis—Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Location and Mode of Death.

Tetanus—Nature of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Sylvester Ritnour — Certificate of Death

Died at Town: Catonsville County: Balto. MARYLAND

Date 1894 Month 2 - Day 3 | Age Y. 1 M. — D. 20 | Native of Md | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of 86

Father's Name Henry Ritnour | Mother's Name Mimi Ritnour

Cause of Death — Primary: Membranous Croup — How long sick: 6 days

Immediate: Apnoea — Accident, Suicide, Homicide

Reported by David M. Stultz M. D.

Address Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Sarah Ann Ruhl

Certificate of Death

Died at Town Hereford County Baltimore MARYLAND

Date 189 Month 7 Day 7 | Age Y. 8 M. 11 D. 26 | Native of Maryland | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name William Ruhl

Mother's Name Lucinda Ruhl

Cause of Death — Primary Diphtheria 5 a — How long sick 11 days

Immediate Asphyxia

Accident, ~~Suicide,~~ Homicide

Reported by A. R. Mitchell M.D.

Address Hereford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

HEALTH DEPARTMENT,

No. A ..... **Office of Registrar of Vi...**

The Physician who attended any person in a last illness is responsible for the p... *filled out* to the undertaker or other person superintending the burial, within *twenty* deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certifi...

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th. 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John Rush

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 8 5 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Power

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany 52 yrs.

Duration of Residence in the City of Baltimore, 52 yrs

Place of Death, {Give Street and Number.} Bayview Asylum

Cause of Death, First (Primary) Senility

Second (Immediate) Exhaustion

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb. 6 99

Lee Cohen M. D.,
Medical Attendant.

Undertaker, Germanus Thance

Place of Business, Pants & Wolfe Co. *Address* Bayview Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or sin...) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

...ty, whether
...matory.
...nces producing Death.
nd Seat.
C...CULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.
METRITIS—Varicty and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature. Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal result.
Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Wm F Ryland

Died at Town Pikesville County Baltimore MARYLAND

Date 1899 Month Feby Day 13 | Age Y. 57 M. D. | Native of Md | Occupation Sole Leather Cutter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Pneumonia 72 | How long sick 5 days

Immediate Hypostatic | ~~Accident, Suicide, Homicide~~

Reported by W C & Mpr

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name In Full Elizabeth Gantt

Certificate of Death

Town Richard Gundry Home County Baltimore

Died at MARYLAND

Date 189 Month 2 Day 3 | Age Y. M. D. | Native of Va. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 99

Cause of Death: Primary — Chronic nephritis — How long sick

Cause of Death: Immediate — Accident, Suicide, Homicide

Reported by Richard Gundry M. D.

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Helen Elizabeth Schanze

Died at Town: Windsor Heights County: Baltimore MARYLAND

Date 1899 Month: 2 Day: 19

Age Y. 1 M. — D. —

Native of Baltimore

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Heinrich Schanze

Mother's Name Virginia Schanze (deceased)

Cause of Death: Primary Tuberculosis of the lungs — How long sick 3 months

Immediate Asphyxia 22a — Accident, Suicide, Homicide

Reported by J C Mommert

Address Dickeyville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Abraham C. Scott — Certificate of Death

Died Town Woodstock County Baltimore MARYLAND

Date 189 4 — Month 2 — Day 23 — Age Y. 79 M. D. — Native of — Occupation Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living 4

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal

Address [redacted] 3-4 4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full — Certificate of Death

Chas. N Scott

Died at — Town: Sparrow Point — County: Baltimore — MARYLAND

Dato 189 — Month: Feb. 8th — Day — Age: Y. about M. 80 D. — Native of: England — Occupation: Laborer

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — ~~Widowed~~ — ~~Divorced~~ — Widower

Number of children living: dont know

Husband / Wife of: dont know

Father's Name: Dont know

Mother's Name: Dont Know

Cause of Death — Primary: Pneumonia 72 — How long sick: 4 or 5 days

Immediate — Accident, Suicide, Homicide

Reported by: G. E. McCormick M.d.

Address: Sparrow Point Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name In Full Annie T. Smyth

Certificate of Death

Died at Town Washington + County Baltimore MARYLAND

Date 189 9 Month 2 Dey 2 | Age Y. 40 M. D. | Netive of | Occupetion

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

~~Husband~~ Wife of George D. Smith

Father's Neme | Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal 2-4

Address

Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7988B

Name in Full — Certificate of Death

Mrs. Georgie Smith

Died at Town: Le Ft. Washington — County: Balto — MARYLAND

Date 1899: Month Feb, Day 2 | Age: Y. 39 M. 11 D. | Native of: Md | Occupation: House Wife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / Widower / ~~Divorced~~ — Number of children living 9

Husband / Wife of Georgie Smith 119

Father's Name: Geo. Smith — Mother's Name: Hyland

Cause of Death — Primary: Child Bed Fever — How long sick: 9 days.

Immediate: Inflammation, Abscess — ~~Accident, Suicide, Homicide~~

Reported by J. S. Howard

Address Le Ft. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name In Full

Certificate of Death

Mrs. Maria Smith

Died at Town Jacksonville County Balto MARYLAND

Date 189 Month 9 Day 24 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Neme | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediete | Accident, Suicide, Homicide

Reported by Balto. Co. Democrat 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Nama in Full ~~H~~ 6306 Samˡ C. Smith

Certificata of Death

Died at Town Bear Creek County Balto MARYLAND

Date 1899 Month 2 Day 2 | Aga Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name Cohen Mothar's Nama

Cause of Death { Primary

Immediata Drowning 148 | How long sick

Accidant, Suicida, Homicida

Reported by Fred Leuthon.

Address

Must be signed by physician, if any in attendance, otherwisa by coroner, undartaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Agnes Tawney

Town: Fairview — County: Bell —

Died at Fairview, Bell — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2	25	1	6	28	Md	

Date 189 9

Male / Female /

White / Colored /

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of Wife

Father's Name: Andrew Tawney

Mother's Name: Agnis Richards

Cause of Death — Primary: 72

Immediate: Pneumonia

How long sick: 4 days

Accident, Suicide, Homicide

Reported by: Dr. Jas H. Wilson

Address: Finksburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Mrs. Eliza Tittle

Died at Town: Childsbury County: Baltimore MARYLAND

Date 189 Month: 2 Day: 20 Age: Y. 62 M. D. Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

~~Husband~~ Wife of Anthony Tittle

Father's Name

Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Dem. 2-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore,

Permit No. A..... Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 4 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Frederick Tschudy,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Fifty (50) *Years,* *Months,* *Days.*

Color, White.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Brass finisher

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, forty five (45) years.

Place of Death, {Give Street and Number.} St Agnes' Hospital,

Cause of Death, First (Primary), Intestinal & Pulmonary Tuberculosis

Second (Immediate), Cardiac Asthenia.

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 15 1899

Undertaker, Henry W. Mears

Place of Business, 413 E Fayette St

D. F. O'Connor, *M.D.,* Medical Attendant.

Address, St. Agnes' Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...ated below.

...EURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full John Trevor

Certificate of Death

Died at Town Canton County Baltimore MARYLAND

Date 189 9 Month 2 Day 7

Age Y. 3 M. D.

Native of

Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

135a

Cause of Death: Primary Pulmonary Consumption — How long sick 5 days

Immediate

Accident, Suicide, Homicide

Reported by Dr. J. H. Kennard

Address 708 Ewen St

Must ba signed by physician, if any in attendance, otherwise by coronar, undartaker or minister.

LIBRARY BUREAU, 79808

Name In Full Mrs. Belle Isen

Certificate of Death

Died at Town Cockeysville. County Baltimore MARYLAND

Date 189 9 Month 2 Day 1st Y. 58 M. D. Native of Va. Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 1

~~Husband~~ Wife of Wm. Isen

Father's Name Mother's Name

Cause of Death: Primary La Grippe 9 — How long sick

Immediate Heart failure — Accident, Suicide, Homicide

Reported by Ind Journal 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75843

Name in Full — Certificate of Death

Alta Alfrade Walker

Died at Highlandtown (Town) Balto (County) MARYLAND

Date 1899 Month Feb Day 21 | Age Y. 11 M. 11 D. | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name James Walker — Mother's Name Mary Walker

Cause of Death — Primary Pneumonia 72 — How long sick

Immediate Asphixia — ~~Accident, Suicide, Homicide~~

Reported by J. R. Schofield M D

Address 432 Park Road Balto

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full 24702

Certificate of Death

Louise Emily Walker

Died at Town Mt Winans County Balto MARYLAND

Date 1899 Month 2 Day 12 | Age Y. 4 M. 8 D. 12 | Native of Balto md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of X

Father's Name Ernie Walker Mother's Name Annie Walker

Cause of Death — Primary Croup & C

Immediate Exhaustion

How long sick 2 days

Accident, Suicide, Homicide

Reported by W Hall MD.

Address Mt Winans Balto Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name In Full Wm. R. Gardner

Certificate of Death

Died at Elkton - Emerson Hospital Town Cecil County MARYLAND

Date 189 Month 2 Day 28 | Age Y. 46 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name 42

Cause of Death — Primary: Pneumonia dating from Feb 19, 1899. 10 da.

Immediate: Asphyxia from Coma

How long sick

Accident, Suicide, Homicide

Reported by Edward P. Brush, M.D.

Address Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79995

Name in Full — Certificate of Death

Infant son Watts

Died at Town: Pikesville County: Baltimore MARYLAND

Date 1899 Month: July Day: 27 | Age Y.: — M.: 1 D.: | Native of: — | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Garner Watts, Mother's Name: Matilda Watts

Cause of Death — Primary: Bronchitis 69 — How long sick: four days

Immediate: Coryza Croup — Accident, Suicide, Homicide

Reported by: W. G. Main

Address: Pikesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Michael L. Welsh

Died at Mt. Washington Town — Baltimore County — MARYLAND

Date 189 9 — Month 2 — Day 4 — Age Y. 86 M. D. — Native of — Occupation

Male ~~Female~~ — White Colored — ~~Single~~ Married — Widow Widower — Divorced — Number of children living

Husband ~~Wife~~ of Bridget Welsh

Father's Name Wm Welsh — Mother's Name Mary ——

Cause of Daath — Primary — 161 — How long sick

Immadiate — Accident, Suicide, Homicida

Reported by Md. Journal 2-11

Address

Must be signed by physician, if any in attendance, otharwisa by coroner, undartaker or minister.

LIBRARY BUREAU. 79898

Name in Full

J. A. Warner

Certificate of Death

Died at Highlandtown, Town; Baltimore, County; MARYLAND

Date 1899 Month Feb. Day 14th | Age Y. 42 M. - D. - | Native of Balto Co | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3.

Husband / Wife of —

Father's Name John Warner

Mother's Name Mary Warner.

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: 2 years

Immediate: Emphysema 229

~~Accident Suicide Homicide~~

Reported by J. C. Schofield M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attention of Physician

HEALTH DEPARTMENT, C... OF BALTIMORE.

No. A 4690 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2-11-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Mary A White -

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Domestic -

Birthplace, {State or County, and how long in the United States, if of foreign birth.} England - U.S. - 63 years

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Catarrhal Pneumonia

Second (Immediate) Asthenia -

Duration of Last Sickness, 2 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feb 13/99

Lee Cohen M. D.
Medical Attendant.

Undertaker, Evans & Jones Co

Place of Business, 1100 E. Bush

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice ... to the Undertaker, or other persons superintending the burial, a certificate

ANEURISM—Mode of Death.

CEREBRO-SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full William Hyder

Certificate of Death

Died at Town Thurmont County Frederick MARYLAND

Date 189 Month 9 Day 2-23

Age Y. 67 M. D.

Native of Md

Occupation Retired Farmer

Mele ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husbend of
Wife

Father's Name

Mother's Name 46

Cause of Death: Primery Organic Brain Disease

How long sick 6 Years

Immediete Exhaustion

Accident, Suicide, Homicide

Reported by E. M. Eyler M.D.

Address Thurmont Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full John H Wienhold

Certificate of Death

Died at Town Canton County Balto MARYLAND

Date 189 9 Month Feb Day 8 | Age Y. 5 M. 0 D. | Native of Germany | Occupation Contractor

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living 9 —

Husband / Wife of Annie Wienhold

Father's Name

Mother's Name

Cause of Death { Primary: Pneumonia 42 | Immediate

How long sick 1 day

Accident, Suicide, Homicide

Reported by C. N. Athey.

Address 2 Linden Ave,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 8

Name in Full

Certificate of Death

John J. Wickelhaus

Died at Town Monkton County Baltimore MARYLAND

Date 189 9 Month 2 Day 21 | Age Y. 41 M. D. | Native of Maryland | Occupation Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 4

Husband / Wife of Sarah Wickelhaus

Father's Name John M Wickelhaus

Mother's Name Mary Wickelhaus

Cause of Death — Primary: Locomotor Ataxia — How long sick: Nine months

Immediate: Coma, 40 — Accident, Suicide, Homicide

Reported by A. R. Mitchell M.D.,

Address Hereford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Diseases on back of this C

...ARTMEN... BALTIMORE.

No. A 4722 Office of Registrar of ... Statistics. Ward ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 2-19-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Willis

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 69 *Years,* ... *Months,* ... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Seamstress -

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 37

Place of Death, {Give Street and Number.} Bon Vivr Asylum -

Cause of Death, First (Primary) Arterio Sclerosis

Second (Immediate) Catarrhal Pneumon

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, Feb 21 - 1899

Undertaker, Calvin H Goodwin

Place of Business, 206 Druid St

Lee Cohen M. D.,
Medical Attendant.

Address B V Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said ci... all be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case com... u... no... ...hours after the death, to the Undertaker, or other persons superintending ...

following ..

ANEURISM—Mode of Death.

CEREBRO SPINAL MENINGITIS—Variety whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

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CALCULUS—Mode of Death.

DENTITION—Mode of Death.

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FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

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INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

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PRETERNATURAL BIRTH—Manner of.

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TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Neme in Full

Certificate of Death

Mary E. Wilson

Died at Town: Sparrows Point. County: Balto. Md. MARYLAND

Date 1899 Month: Feb. Day: 27 | Age Y. 49 M. D. | Native of Md. | Occupation Housewife

~~Male~~ Femele | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living None

~~Husband~~ Wife of Robert J. Wilson

Father's Neme Albert Scott. Mother's Neme Harriet Scott.

Cause of Death: Primary Pneumonia 72 — How long sick 10 days

Immediate Exhaustion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Frank C. Eldred M.D.

Address Sparrows Point Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Kat Hannah Wolfendon

Died at Mt Washington (Town) Baltimore (County) MARYLAND

Date 189 9 | Month Feb | Day 2 | Age Y. 3 M. D. | Native of | Occupation

Male / Female (Female) | White / Colored (Colored) | Married / Single (Single) | Widow / Widower | Divorced | Number of children living

Husband / Wife of Thomas. Wolfendon

Father's Name J. Wolfendon. | Mother's Name Susa. Cooper

Cause of Death — Primary: Hooping Cough 7 | How long sick

Immediate: Pneumonia | Accident, Suicide, Homicide

Reported by J. L. Bowen

Address Mt. Washington Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full — Certificate of Death

Matilda Frodsa

Died at Town: Mt. Hope Retreat — County: Baltimore — MARYLAND

Date 189 — Month: 2 — Day: 22 — Age: Y. 33 M. — D. — Native of: Germany — Occupation: Servant

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / Number of children living

Husband of
Wife

Father's Name

Mother's Name 46

Cause of Death — Primary: Chronic Mania — How long sick: 7 months

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: Chas. F. Hill M.D.

Address: Mt. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7984 S

Name in Full Sebastian Zoron — Certificate of Death

Died at Town Canton County Balto MARYLAND

Date 189 4 Month Feb Day 19 | Age Y. 39 M. D. | Native of Germany | Occupation Driver

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Asthma & Bronchitis — How long sick 3 days

Immediate: Exhaustion 76 — Accident, Suicide, Homicide

Reported by C. V. Athey

Address 2. Hudson at Ft.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

[illegible] BUREAU, [illegible]